

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.  
Amounts may be rounded to  
whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>3/18/2008</u> through <u>5/1/2008</u>	Date Stamp <u>RECEIVED</u> <u>San Jose City Clerk</u> <u>2008 MAY -5 P 3:29</u>	Page <u>1</u> of <u>2</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>11/3/2008</u>		

## 1. Committee/Filer Information

 I.D. NUMBER (If recipient committee)  
980947

COMMITTEE/FILER'S NAME

 Association of Retired San Jose Police Officers  
 and Fire Fighters

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sunnyvale	CA	94087	

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER

Jerry T. Ellis

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Jose,	CA	95159	

OPTIONAL: FAX / E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

Ash Kalra

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council

NAME OF BALLOT MEASURE

BALLOT NO./LETTER JURISDICTION

SUPPORT	OPPOSE
<u>XX</u>	
SUPPORT	OPPOSE

## 3. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
5/1/08	Firefighters Print & Design 1780 Creekside Oaks Sacramento, Ca. 95833	Mailings	4121.86	4121.86
5/1/08	Firefighters Print & Design 1780 Creekside Oaks Sacramento, Ca. 95833	mailings	6156.99	10278.85

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from	3/18/2008	
through	5/1/2008	
Page 2 of 2		
I.D. NUMBER (If recipient com.)		980947

NAME OF FILER

Association of Retired San Jose Police Officers &amp; Fire Fighters

## 4. Summary

- |  |             |
|--|-------------|
| 1. Total independent expenditures of \$100 or more made this period. (Part 3.) .....     | \$ 10278.85 |
| 2. Total independent expenditures under \$100 made this period. (Not itemized.) .....    | \$          |
| 3. Total independent expenditures made this period (Add Lines 1 + 2.) ..... <b>TOTAL</b> | \$ 10278.85 |

## 5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

## 6. Verification

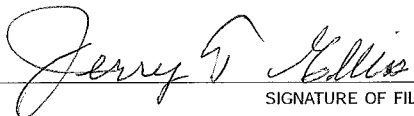
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 5/2/2008  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By   
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT